



## **TOPIC: Advanced Sick Leave Request & Approval Recommendation Process**

**Where:** Employee Leave Balance Page  
**Who:** Employee or Initiator (POC, Approver, NSSC HR) and Approver  
**When:** Anytime during pay period

### **Purpose:**

An employee may request a sick leave advance to cover a medical emergency for themselves or a family member (up to 240 hours). These hours may vary depending on employee's duty status. Appropriate medical documentation must be submitted to the NASA Shared Service Center (NSSC) Human Resource (HR) Office.

### **Request Procedure:**

1. From the employee Leave Balance page, click on the Create Request for Advanced Sick Leave link

LEAVE FORM REQUESTS for CHARMING, PRINCE P	
<b>Create Request for Advance Sick Leave</b>	Create a new request to receive sick leave advance.
<b>Create Request to Become Leave Share Recipient</b>	Create a new request to receive donated leave.
<b>Donate Leave within NASA</b>	Initiate process to donate annual/restored leave within NASA.
<b>Donate Leave outside NASA</b>	Initiate process to donate annual/restored leave outside NASA.
<b>Donate Leave - Emergency Transfer Program</b>	Initiate process to donate annual/restored leave under declared emergencies (Other Federal Agency).
<b>List Pending Leave Form Requests</b>	List pending leave form requests.
<b>List Historical Leave Form Requests</b>	List historical leave form requests.

2. All fields are required, including justification. Select individual to provide recommendation from the list available. After completion click CONTINUE

**Request for Advanced Sick Leave for CHARMING, PRINCE P (198)**

Initiated by CHARMING, PRINCE P (198)  
Status: Initiated

**Continue**

**Begin Date (MM/DD/YYYY)** 10/01/2007  
**Estimated End Date (MM/DD/YYYY)** 12/31/2007  
**Effective Date (MM/DD/YYYY)** 10/01/2007  
**Number of Advanced Sick Leave Hours Requested** 120.0

**Purpose**

- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting
- ☒ Care of family member, including medical/dental/optical examination of family member
- ☐ Care of family member with a serious health condition
- ☐ Other

**Select Approver** BEAR, BALOO B (198)

**Comments (include justification)**  
My spouse has a serious illness. I am requesting time off to take care of her.

**Privacy Act Statement**  
Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701: Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

3. If errors are applicable, they will be displayed at the top of the screen. The SUBMIT REQUEST button will not be available until all errors are corrected. If necessary, correct errors and click CONTINUE. Review information for accuracy, read the certification and privacy act statements, and then click SUBMIT REQUEST (located beneath the privacy act statement). The user will receive an email after the request is submitted



## Web-Based Time and Attendance Distribution System

### Request for Advanced Sick Leave for CHARMING, PRINCE P (0)

Leave Request Number: 9999-00017  
Initiated by: CHARMING, PRINCE P (0)  
Status: Editing

This request may be submitted. Please review the Certification and Privacy Act statements at the bottom of this form. After review, click the Submit Request button.

Continue

Withdraw

Begin Date (MM/DD/YYYY)

10/01/2007

Estimated End Date (MM/DD/YYYY)

12/31/2007

Effective Date (MM/DD/YYYY)

10/01/2007

Number of Advanced Sick Leave Hours Requested

120.0

Purpose

☐ Illness/injury/incapacitation of requesting employee

☐ Medical/dental/optical examination of requesting employee

☒ Care of family member, including medical/dental/optical examination of family member, or bereavement

☐ Care of family member with a serious health condition

☐ Other

Select individual to provide recommendation

BEAR, BALOO B (0)

Comments (include justification)

Status	Changed On	Changed By	Remark
Editing	17:15 CDT 09/27/2007	CHARMING, PRINCE P (0)	My spouse has a serious illness. I am requesting time off to take care of her.

#### Certification

I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

#### Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

- After submitting the request, the user is returned to the request form. At this point, the request can be withdrawn or comments can be applied to the request. To apply comments, type within the Comments section of the request; when finished, click APPLY COMMENTS. The comments can be reviewed by the Approver, the NSSC HR office and the NSSC Payroll office

### Request for Advanced Sick Leave for CHARMING, PRINCE P (214)

Leave Request Number: 9999-00018  
Initiated by: CHARMING, PRINCE P (214)  
Status: Pending Recommendation  
Medical Documentation not yet received at NSSC.

Apply Comments

Withdraw

Begin Date (MM/DD/YYYY)

10/01/2007

Estimated End Date (MM/DD/YYYY)

12/31/2007

Effective Date (MM/DD/YYYY)

10/01/2007

Purpose Care of family member, including medical/dental/optical examination of family member, or bereavement

Number of Advanced Sick Leave Hours Requested

120.0

Individual selected to provide recommendation: BEAR, BALOO B (214)

Comments (include justification)

LEAVE FORM REQUESTS for CHARMING, PRINCE P	
Create Request for Advance Sick Leave	Create a new request to receive sick leave advance.
Create Request to Become Leave Share Recipient	Create a new request to receive donated leave.
Donate Leave within NASA	Initiate process to donate annual/restored leave within NASA.
Donate Leave outside NASA	Initiate process to donate annual/restored leave outside NASA.
Donate Leave - Emergency Transfer Program	Initiate process to donate annual/restored leave under declared emergencies (Other Federal Agency).
List Pending Leave Form Requests	List pending leave form requests.

- The employee and the selected individual to provide recommendation will receive an email notification that the request has been submitted and is pending recommendation
- After the request has been submitted, the employee (or Initiator) can review the status of the request from the employee Leave Balance page, click on the link to List Pending Leave Form Requests

#### LEAVE FORM REQUESTS for CHARMING, PRINCE P

Create Request for Advance Sick Leave

Create a new request to receive sick leave advance.

Create Request to Become Leave Share Recipient

Create a new request to receive donated leave.

Donate Leave within NASA

Initiate process to donate annual/restored leave within NASA.

Donate Leave outside NASA

Initiate process to donate annual/restored leave outside NASA.

Donate Leave - Emergency Transfer Program

Initiate process to donate annual/restored leave under declared emergencies (Other Federal Agency).

List Pending Leave Form Requests

List pending leave form requests.

## Quick Reference Guide

Rev: 20070928



## Web-Based Time and Attendance Distribution System

6. Locate the request to review, and click the EDIT button to enter the request. The status column will display the current status of the request.

### Pending Requests for CHARMING, PRINCE P (0)

9999-00016	CHARMING, PRINCE P (0)	LEAVE RECIPIENT	Pending Recommendation	0.0	9/1/2007	-	12/31/2007	Edit
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### Approval Recommendation Procedure:

1. There are two locations to access the request: Option 1) From the List Timesheets page, locate employee with the pending request. Click the pending request icon to go into the request or Options 2) from the employee Leave Balance page, click on the link to List Pending Leave Form Requests. Locate the request to review, and click the EDIT button to enter the request (Option 1)

Select Organization: **DISNY** Normal (01/07/2007 - 01/20/2007)

	NAME	PHONE	RT	APPROVED	HISTORY	EDIT	PPPA	OT	LV	ELF
	BABOON, RAFIKI R (198)	256-555-9999	DISNY	N						
	BEAR, BALOO B (198)	256-555-5555	DISNY	N						
	BEAUTY, BELLE B (198)	256-555-5555	DISNY	N						
	BELL, TINKER T (198)	256-555-9999	DISNY	N						
	BOY, PINOCCHIO P (198)	256-555-3333	DISNY	N						
	CARPET, ALADDIN A (198)	256-555-7777	DISNY	N						
	CAT, CHESHIRE C (198)	256-555-3333	DISNY	N						
	CHARMING, PRINCE P (198)	256-555-7777	DISNY	N						
	COMBOY, WOODY C (198)	256-555-6666	DISNY	N						

### Pending Requests for CHARMING, PRINCE P (0)

9999-00016	CHARMING, PRINCE P (0)	LEAVE RECIPIENT	Pending Recommendation	0.0	9/1/2007	-	12/31/2007	Edit
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### (Option 2)

#### LEAVE FORM REQUESTS for CHARMING, PRINCE P

##### Create Request for Advance Sick Leave

Create a new request to receive sick leave advance.

##### Create Request to Become Leave Share Recipient

Create a new request to receive donated leave.

##### List Pending Leave Form Requests

List pending leave form requests.

### Pending Requests for CHARMING, PRINCE P (0)

9999-00016	CHARMING, PRINCE P (0)	LEAVE RECIPIENT	Pending Recommendation	0.0	9/1/2007	-	12/31/2007	Edit
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7. Review the details of the request, including the justification. If necessary, the request can be modified by the individual providing recommendation. To recommend approval, click the APPROVAL RECOMMENDED button (no comment or justification is necessary for approval). Employee will receive an email notification of recommended approval, however, the request will route to the NSSC HR office for final approval or disapproval

### Request for Advanced Sick Leave for CHARMING, PRINCE P (214)

Leave Request Number: 9999-00018

Initiated by: CHARMING, PRINCE P (214)

Status: Pending Recommendation

Medical Documentation not yet received at NSSC.

This request may be recommended for approval. By recommending approval, you are certifying that you have reviewed the medical documentation associated with this request.

Continue

Approval Recommended

Disapproval Recommended

Withdraw

8. Review the details of the request, including the justification. By recommending approval, you are certifying that you have reviewed the medical documentation

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associated with this request. If necessary, the request can be modified by the individual providing recommendation. For disapproval, click the DISAPPROVAL RECOMMENDED button (a comment/justification **is required** for disapproval). Employee will receive an email notification of recommended disapproval, however, the request will route to the NSSC HR office for final approval or disapproval

9. After request is recommended for approval, the request can be withdrawn or comments can be applied to the request. To apply comments, type within the Comments section of the request; when finished, click APPLY COMMENTS. The comments can be reviewed by the Approver, the NSSC HR office and the NSSC Payroll office

#### **Result:**

The Advance Sick Leave Request and Recommending Approval Process have been completed. The request is now routed to the NSSC HR office for review and final approval/disapproval. The employee will be notified of approval or disapproval via email.

Upon approval, the request will be processed in the payroll system.

#### **Special Considerations:**

Historical requests can be viewed by clicking on the historical requests link on the leave balance page.

The status of the request can be the following:

1. Initiated – Request process has begun
2. Editing – Request is in the process of being modified
3. Pending Recommendation – Request is pending organizational approval
4. Pending Final Approval by NSSC HR – Request has been recommended for approval and is pending review and acceptance/rejection by the NSSC HR
5. Pending Final Approval by NSSC Payroll Office – Leave donation requests that have been submitted and are pending
6. Pending donation set-up/validation in payroll system by NSSC Payroll Office - Leave donation requests that have been approved and are pending payroll processing
7. Pending Set-Up in Payroll System by NSSC Payroll Office – Request has been approved by the NSSC HR and is pending payroll processing
8. Pending Configuration in Payroll System – Request has been approved by the NSSC HR and is pending payroll processing
9. Pending Validation in Payroll system by NSSC Payroll Office – Request is pending NSSC Payroll Office validation in the payroll system
10. Completed Processing – Request has been validated in the payroll system and process is complete
11. Request Withdrawn – Request has been withdrawn and will not be processed
12. Request Disapproved – Request has been disapproved by the NSSC HR office and will not be processed



#### Web-Based Time and Attendance Distribution System

Medical documentation must be faxed to the NSSC HR office to complete this request and approval process. NSSC fax number is (866) 779-6772. For assistance, call the NSSC Customer Contact Center at (877) 677-2123.

This request may be withdrawn at anytime during the process prior to NSSC HR approval or disapproval.